	TMENT OF HEALTH RS FOR MEDICARE	AND HU I SERVICES	454	- 10/	01,11	PRINTED: 08/17/2011 FORM APPROVED OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MUI A. BUILD	TIPLE CONST DING 01 -	RUCTIÓN MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED
44E445		B. WING	B. WING		08/15/2011	
NAME OF PROVIDER OR SUPPLIER BAPTIST HEALTH CARE CENTER			s	700 WILLIA	SS, CITY, STATE, ZIP CODE MS FERRY RD TY, TN 37771	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EA	ROVIDER'S PLAN OF CORREC CH CORRECTIVE ACTION SHO S-REFERENCED TO THE APPF DEFICIENCY)	ULD BE COMPLETION
K 067 SS=D K 147 SS=D	Heating, ventilating, with the provisions on accordance with specifications. 19 19.5.2.2 This STANDARD is Based on observation on Augrevealed the two (2) E wing with no position NFPA 101 LIFE SAI Electrical wiring and with NFPA 70, National Park 101 LIFE SAI Electrical wiring is in NFPA 70. The findings include Observation on Augrevealed one (1) electrical one (1) electr	s not met as evidenced by: ion, the facility failed to assure s maintained. e: pust 15, 2011at 6:45 a.m. clean linen storage rooms on tive air flow. FETY CODE STANDARD I equipment is in accordance onal Electrical Code. 9.1.2 s not met as evidenced by: ion, the facility failed to assure stalled in accordance with	K06	deficience response, plan of e facts or statemen order to part of its The facil survey o whether i appeal, proceedin actions ta constitute term care NFPA 101 for comp rooms id storage a of positi Maintena the HVA maintaine Supervise storage maintaine NFPA 101 ceiling o protective Maintena routine i ongoing contractor maintain their wo junctions, commissi procedure to ensure	Baptist Health Care Center de deficiencies existed, including ites that are the subject of credible allegation of comporection. The facility does not the conclusions set out in are to deficiency, but makes this comply with state and federal is commitment to quality care it ity is not waiving its rights to redeficiency, nor to raise at no an informal dispute resolution any other legal or are ity is not waiving its rights to redeficiency, nor to raise at no an informal dispute resolution any other legal or are ity is not waiving its rights to reason the facility does not add ken in response to the notice of the applicable standard of caproviders. I LIFE SAFETY CODE STAN Positive air flow has been reliance in the two (2) clean light entified on E wing. All or reas have been reassessed for year flow compliance as note Supervisor has added the C check list to ensure positive air flow required the positive air flow installed in D wing has been retrofit to covering to ensure compliance of ceiling area compliance requirements, res will be informed of the mispections of ceiling area compliance requirements. The involve electrical connect. Maintenance Staff oned to supervise all building is upon completion of work compliance with LIFE SAFE RDS (NFPA 70).	the alleged the attached pliance, and ot admit the sy survey or response in law and as for residents, dispute any y defenses, on, a formal liministrative mit that any of deficiency are for long- DARD eengineered men storage her facility assurance well. The esc areas to a air flow is faintenance pections of staff have ement. DARD above the ted with a compliance, o conduct to ensure Utility eccessity to rity should ections, at have been a contractor performed,
BORATORY	DIRECTOR'S OR PROVIDE	ERSUPPLIER REPRÉSENTATIVE'S SIG	SNATURE		TITLE	(Xe) DATE
<u> </u>	waxu	Whoth		Adm	inistrator	8/26/11
ny deficiency statement ending with an asterisk (*) denotes a deficiency which the Institution may be excused from correcting providing it is determined that her safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days flowing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14						

An oth fol days following the date these documents are made available to the facility. If deficiencles are cited, an approved plan of correction is requisite to continued program participation.

If continuation sheet Page 1 of 1